

SPEED / WATI Student Information Guide

Section 11

Vision

Student: _____ **Referring Person:** _____ **Date:** _____

A vision specialist should be consulted to complete this section.

1. Date of Last Vision Report _____

Report indicates (please address any field loss, vision condition, etc.) _____

2. Visual Abilities (Check all that apply.)

- Read standard textbook print
- Read text if enlarged to (indicate size in inches) _____
- Requires specialized lighting such as _____
- Requires materials tilted at a certain angle (indicate angle) _____
- Can read using optical aids, list: _____
- Currently uses the following screen enlargement device _____
- Currently uses the following screen enlargement software _____
- Recognizes letters enlarged to _____ pt. type on computer screen
- Recognizes letters enlarged to _____ pt. type for _____ minutes without eye fatigue.
- Prefers Black letters on white White on black _____ (color) on _____
- Tilts head when reading
- Uses only one eye: Right eye Left eye
- Uses screen reader: _____
- Requires recorded material, text to speech, or Braille materials

3 Alternative Output

Currently uses (Check all that apply.)

- Slate and stylus
- Talking calculator
- Braille calculator
- Braille notetaker
- Electric Braille
- Refreshable Braille display
- Tactile images
- Screen reader
- Braille translation software: _____

SPEED / WATI Assessment Package

Level of proficiency (Check the one that most closely describes the student.)

- Requires frequent physical prompts
- Requires frequent verbal cues
- Needs only intermittent cues
- Uses device to complete tasks independently
- Trouble-shoots problems related to device

4. Writing/Handwritten Materials (check all that apply)

- Writes using space correctly
- Writes on line
- Writes appropriate size
- Reads own handwriting
- Reads someone else's writing
- Reads hand printing
- Reads cursive
- Skips letters when copying
- Requires bold or raised-line paper
- Requires softer lead pencils
- Requires colored pencils, pens, or paper
- Requires felt tip pen
- Thin point
- Thick point

Summary of Student's Abilities and Concerns Related to Vision _____

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9/06